Appendix 1:

Research Laboratory Space Form

No.

Division/Center		
Principal Investigator (PI)		
Anticipated Date Space Needed		From to
Requested facilities Needed	Special Equipment Needs	
	Gas requirements	
	Special electricity requirements	
Current Grant Support		
Brief Description of Research Focus: Signature of Applicant:		
Date:		
Decision from CSMT		
Assigned Laboratory Location		
Bench Space:		
Signature of CSMT:		
		Date:

<u>Note:</u> Send the completed form to the CSMT Dean (<u>alwong@kean.edu</u>) and Lab Center (<u>wkusciencelab@wku.edu.cn</u>)